PTO/SB/17 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032

2	Linder the Panenwork S	Reduction Act of 1995	no person are required to	U.S. Pet respond to a collec	ent and Trade	mark Office; U.S. Di stion unless it displa	EPARTMENT O ys a valid OMB	F COMMERCE control number.
7		ective on 12/08/2004.				mplete if Kno		
Fee	ETF pursuent to the Consi	olidated Appropriatio	ns Act, 2005 (H.R. 4818).	Application Number		10/001,469		
	FFE TE	RANSM	TTAL	Filing Date		October 31, 2001		
		or FY 2005		First Named Inventor		Aya JAKOBOVITS		
_	<u></u>	DF F 1 2003)	Examiner Name		M. T. Davis		
	X Applicant claims	small entity status. S	es 37 CFR 1.27	Art Unit 1642		1642		
TO	TAL AMOUNT OF I	PAYMENT (\$) 180.00	Attorney Dock	et No.	511582002420		
ME	THOD OF PAYM	ENT (check all ti	at apply)					
	Check Cred	lit Card M	oney Order No	ne Othe	er (please ide	ntify):		
×	Deposit Account	Deposit Account P	humber: 03-1952	Deposit Account	Mana	Morrison & I	Foerster I.I.	P
	J ,	•	ccount, the Director i	-				
		e(s) indicated bel	-	<u> </u>		idicated below,		e filing fee
	<u></u> 느 `	* *) or any underpayme	님	tit any over	•		•
	fee(s) un	der 37 CFR 1.16			an any over	poyments		
	E CALCULATIO							
1. 8	ASIC FILING, SEA			ADOU CECO	EVAN	NATION FEES	,	
			3 FEES SE Small Entity	ARCH FEES Small Entit		Small Entity	=	
ΑĐ	plication Type	Fee (\$)	Fee (\$) Fee (Fee (\$)	Fee (\$	Fee (\$)		aid (\$)
U	tility	300	150 500		200	100		
D	esign	200	100 100		130	65		
PI	ant	200	100 300		160	80		
	eissue	300	150 500		600	300		
	ovisional	200	100 0	0	0	0		
	XCESS CLAIM FEI	ES					Fee (\$)	Small Entity Fee (\$)
	Description h claim over 20 or	for Reissnes each	a claim over 20 and n	nore than in the	original re	ntent	50	25
	•		eissues, each indepen					100
ł .	tiple dependent cla	•					360	180
To	tal Claims Ex	dra Claims I	Fee (\$) Fee	Paid (\$)	1	Multiple Depend	lent Claims	
	· 20 =	× _	•			Fee (\$)	Fee Paid (\$)
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Ind	lep. Claims Ex	ttra Claims 1	Fee (\$) Fee	Paid (\$)				
3-4	PPLICATION SIZE							
	he specification and	d drawings excee	d 100 sheets of paper				for small er	ntity)
			tion thereof. See 35					
	Total Sheets	Extra Sheets	Number of each :	idditional 50 or f (round up to a w			Fee	Paid (\$)
4. 0	THER FEE(S)		, 	from the to a se	N HORS FIGURES	·* —	Fees	Paid (\$)
	1 - •	ication, \$130 fee	(no small entity disc	count)				
(Other: 1806 Su	bmission of an I	nformation Disclose	re Statement			18	0.00
SUBI	MITTED BY							
Siona	117	0-1/ VI	0 -	Registration No.	29 959	Telephone	(858) 72	0-5112

SUBMITTED BY								
Signature	Fate Ho Wern	Registration No. (Attorney/Agent)	29,959	Telephone	(858) 720-5112			
Name (Print/Type)	Kate H. Murashige	٥		Date	January 19, 2005			